



Life expectancy in the families of patients with cancer: A qualitative study

Foad Rahimi¹, Alireza Gharib²

1 Assistant Professor, Department of Nursing, School of Nursing and Midwifery, Kurdistan University of Medical Sciences, Sanandaj, Iran

2 PhD Candidate, School of Medicine, Kurdistan University of Medical Sciences, Sanandaj, Iran

Original Article

Abstract

BACKGROUND: The family of patient with cancer encounters stresses that are sometimes uncontrollable. One of the strategies to gain control is to deal with such a situation hopefully. Hope plays a key role in coping with the stress associated with cancer. The purpose of this study was to evaluate the experience of hope in the families of patients with cancer.

METHODS: This qualitative study was a kind of content analysis. Data was collected via semi-structured interviews from 12 family members of patients with cancer living in Sanandaj City, Iran. All data were recorded, and qualitative content analysis method was used to extract the contents.

RESULTS: It was revealed that hope leads to the self-belief, comfort, convenience, and power of individuals. Besides, the families of patients with cancer used several strategies including hope and spirituality that help developing the morale of the patients' families, especially their beliefs. In addition, the results of the qualitative section indicated that the families of patients with cancer participating in the study were adapted to the conditions of these patients.

CONCLUSION: In addition to identifying some factors related to hope and coping with the stress caused by having a patient with cancer, this study showed that the families of these patients have achieved an understanding of hope. The survival of hope in these families was revealed by three components including compatibility, self-belief, and moving forward.

KEYWORDS: Hope, Life Expectancy, Caregivers, Qualitative Research, Cancer

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Introduction

Cancer affects different aspects of a person's life and has physical and psychosocial outcomes.¹ Despite important medical advances, the disease is the second leading cause of death in some countries after cardiovascular disease.² In Iran, cancer is the third cause of death after cardiovascular disease and accidents.³ According to the research center of Iran's health ministry, by the

end of the twentieth century, 15% of all deaths were occurred due to cancer.⁴

Some studies also indicate an increasing incidence of cancer in the late 20th and early 21st centuries; in addition, the role of psychosocial factors in this disease has been studied in many literatures.⁵ In the study of psychological factors affecting the quality of life in patients with cancer, the meaning of life has been considered as one of the psychological factors in a number of important studies in this area. Researchers believe that a patient with cancer needs to cope with psychological and mental problems; inability

Corresponding Author:

Foad Rahimi

Email: foadrahimi63@yahoo.com

to deal with any of these barriers can lead to mental illness.⁶

Researchers have argued that hope has a decisive role in the treatment and recovery of patients with cancer; so nurses, as the main caregivers, play a prominent role in facilitating hope for patients and their family members.⁷ Hope is a word. We often use it, but we do not think about it with any specific purpose. Hope is hardly defined, but certainly if being grasped, we feel its effects.⁸

The phenomenon of hope has been seen frequently in relation to patients with cancer. When patients lose their hope, they often feel that they are not in power, and the negative aspects of their experiences become worse.⁹ Loss of hope may affect the patient's response to the stress caused by this condition; while having hope will be useful for being strong and flexible.¹⁰ Researchers believe that hope is a human phenomenon that needs more research; and since nurses deal with a wide range of human responses, they need to develop nursing knowledge in relation to the phenomenon of hope for comprehensive care.¹¹

In reviewing the studies, a research that specifically investigated the meaning of life in patients with cancer was not found. Hence, addressing this issue and studying this structure in Iranian patients with cancer can open new horizons for researchers and therapists. Based on the results of this study, a special intervention program can be developed to ultimately improve the quality of life in these patients.

Materials and Methods

Regarding the purpose of this study, which was investigating life-expectancy in patients with cancer, a qualitative research method was used to provide tools for the study of this concept and also obtaining valuable and profound knowledge about the samples.¹² Qualitative research was a comprehensive approach that embraced philosophical,

sociological, and psychological views,¹³ and essentially referred to a philosophical movement in our era with the purpose of study, research, and direct recognition of phenomena including actions, thoughts, desires, beliefs, topics, etc. In this method, any phenomenon was investigated without explicitly relying on previous assumptions. In other words, these studies were based on the conscious and direct experience of phenomena; therefore, we must understand the nature of phenomena and deal with them purely and firsthand, abandon previous thoughts and arguments, and try to know and express them as they are.¹⁴

From the perspective of qualitative research, humans experience social realities with their own minds and interpretations in a particular way. These thoughts, opinions, and perceptions shape their behaviors or create a different nature. From this perspective, the purpose of this type of research is to deepen understanding and conquer the essence of a phenomenon to acquire comprehensive knowledge about that particular event. Understanding is a historical process that has evolved over time and must be understood in the same way.¹⁵ The present study was a qualitative research including content analysis as a suitable tool for qualitative research among researches.

In analyzing the content, the researcher avoided the use of predetermined classes and instead allowed the classes and their names to come out of the data. The benefits of this approach were that the results were directly derived from data contributors to research without entrenching the belief.¹⁶ In this way, first, the work of analysis should be begin and then, each stage of the work, should have effective flexibility to guide the procedure.^{17,18}

Generally, information management included classification and ranking of primary data, class change and moderation, integration of both initial and mean content, extraction of

the main themes (general), re-presentation to the bachelor group, and ultimately, the clear and unambiguous expression of the fundamental structure of the phenomenon concerned with health in the studied samples. To make a general understanding of interviews and information, they should be read several times. In this method, comprehensive comprehension of the text was more important than understanding sentences, paragraphs, and metaphors. A regular and continuous movement from component to entire text, and vice versa, in order to create an overwhelming emphasis on the text was required.

The main method for collecting data in this study was deep and semi-structured interview with target-based samples, which began with a general question about the subject, and gradually more specific questions were asked based on the research objectives. At the end of the session, participants were asked to provide other items that they thought were not asked during interview. The interview was conducted in 60 minutes and was recorded on tape; then, the content of the interview was immediately analyzed. In this study, 12 participants were interviewed. The interviews were conducted individually with family members of patients with cancer and in the natural environment such as home, workplace, etc.

To increase the validity and reliability of the data, it was necessary to allocate adequate space and time for data collection, communicate with the participants favorably, use complementary comments of colleagues, review handwritten notes of participants, and review data with other researchers.

Ethical considerations in this study included the informed consent of the participants for participating in the research, recording their interviews, using their names in the tapes and texts, as well as the observance of the principle of secrecy and confidentiality of information, and the right to resign for all participants.

Results

12 members of patients' families aged 18 to 34 years, whose education comprised a range of illiterate to postdoctoral, were included in this study. The results of the interviews showed that three main themes including compatibility-hopefulness, self-belief (the peak of hope), and moving forward (the enthusiasm of hope) were of great importance.

Compatibility-hopefulness: One of the issues frequently raised by families was the need to take care of their patients. This case played an important role in admitting a patient with cancer and adapting to it. The families of patients believed that they could feel their illness, and wanted to take care of their patients and understand them, as one family member stated: "Previously, it was not so good, I was feeling guilty and upset, then I cared for my patient well, and now I am better off and my mood is better. I thank God. I feel good and think it will be fine. I think the whole world is mine."

Spirituality and faith in God were central to healthy behaviors and families' attitudes. In this regard, participant 1 said: "Hope means to be alive, that is, to rebirth, but first you have God, and then everything else."

The participants in the study helped each other and complemented the information. As one family member said, "We communicate with other families better. We became friends and learnt things from each other. We have the same address and location, and we want to be friends for a long time, because we have a common problem and it is cancer. We are going to help newcomers."

Self-belief (the peak of hope): Family-based care was used to increase self-esteem and reduce the anxiety of family members. In this case, one of the participants said: "I have a good feeling. I think my patient gets better, and I have a closer and better sense to my patient. I can say I love him more than ever."

Table 1. The definition of hope from the viewpoint of family members of patients with cancer according to the results of the qualitative study

Inside theme	Subtheme	Some statements from family members regarding hope
Compatibility-Hopefulness Nurses' assistance in facilitating family and patient communication	Trust in care	"I got this environment and conditionality"
	The need for patient care	"I want to take care of my patient"
	The spirituality, faith, optimism, and responsibility,	"I feel responsible"
	Better compatibility	"I communicated with other family members"
Self-belief, peak of hope Sense of responsibility, self-confidence	Communication based on trust	"Hope for me, well, I take care of my patient"
	Family-centered care, hopefulness, and responsibility	"I have a good feeling. I feel good. "
	Care, sense of pleasure, opening, and self-belief	"I love him more than ever"
	Increasing knowledge and awareness, encouraging hope	
Move forward (the craze of hope)	Search for information	
	A sense of joy means hope	"I hope he will be good soon."
	Satisfaction with the health system	"I never cry in my head"
	Technology advancement	
	Looking to the future: fear and hope	
	Personal support	
	Caring for a patient in a state of fear and hope	

Participant 3 stated: "I think I'm hoping to myself, and with the recent advancements in technology and increasing progresses in medicine, I hope my patient will be well."

Participant 6 said: "I'm feeling happy, glad, opening, warming, growing, deserving, and delighted. It is joyful for me. I hope, and if it is not, there is no crazy. God helps him to be well, and surely give him the power to be well."

Move forward (the craze of hope): Family members of patients concerned about the future of their patients; this concern was mostly due to the inability to take care of the patient and possible complications.

Another family member said: "I never cry on my head. I have a good feeling, but doctors do not have such feelings. I am hoping for days and years to come, and my patient will be fine, I tell them all."

Participant 3 also believed: "I hope that my patient will be fine, and I hope he will live. I have been persuaded to pursue my patient; and with the technology advancements nowadays, I can overcome problems with a heart full of pleasure, and a mind full of peace. I want to be hopeful, it is the solution."

The results of this study indicated that most participants achieved a comprehensive and adequate understanding of hope. They stated that hope had emerged in this environment, and the process of communication between the patient and the family was well established; although there still were signs of anxiety and concern, some of them felt guilty, lacking adequacy and awareness in the care of their patient (Table 1).

Discussion

The purpose of this phenomenological research was to study and explain hope in the families of patients with cancer. Hope in the families has been examined in the light of their actual experiences. Findings indicated that most participants have achieved a comprehensive and adequate understanding of hope.

Researchers believe that if family members be involved in caring for their patients at the hospital and at home, they can better serve their patients, and the family-patient relationship will improve; therefore, family members can gain more self-esteem and self-confidence.¹⁹ This partnership will increase the

knowledge and awareness, and reduce the stress of the families.²⁰

Some family members of these patients said that they had positive emotions in their family.²¹ On the other hand, some members stated that they had uncontrollably cared for their patients, so that they were somehow in a challenge.

Moreover, some family members expressed that they became closer to God; by reading the Qur'an and saying prayer, felt better spiritually, had less stress and more strong feeling, resisted the problems, and adapted themselves well. Researchers said that people use adaptive strategies such as hope to cope with their tensions, associated with their psychosocial development.^{22,23} In addition, some scholars believe that the concept of hope is related to concepts that are consistent with faith and ability, and can be considered as an effective response to stressors through tolerance of existing conditions.

In this study, the first theme from the families' experiences was compatibility. In this regard, patients' family members said that they had pleasant and satisfying moments along with their patients. Spirituality and faith in God are central to healthy behaviors as well as the attitudes of the patients, which indirectly affects the outcomes and also has protective effects on the family.

The second theme was self-belief. The family members of the patients were instrumental in increasing self-esteem and reducing family anxiety.

Finally, the third theme was moving forward which was the craze of hope. Some members of the families expressed concerned about the future of their patients regarding possible complications including how to care for their patients; this concern was most likely due to possible side effects of the disease.

Conclusion

This study, in addition to explaining the experiences of family members of patients

with cancer, and determining some of the factors related to hope and coping with the stress caused by having a cancer, showed that patients with cancer had some kind of hope. This study was a small step to explain the concept of hope in the families of these patients. Besides, the findings showed that an important factor in the families' hopefulness was spirituality as well as their beliefs. Hope can be a connecting bridge between families and patients, which can also increase the ability to cope with the stresses caused by having a patient with cancer, and can be a key factor in promoting the health programs for these patients.

When a person is faced with stressful factors, he uses strategies that can be countered by the amount of control he has on the situation. Beyond controlling the situation, the natural response to tensions is to avoid, accept, or try to overcome such a situation. Having the ability to assess the situation and use the coping strategies based on the position, one actually understands the effects of the management plans. Since many tensions experienced by families of patients with cancer are out of control, the use of emotion-focused strategies, such as hope, can be very useful in resolving the emotional effects of stress.

Conflict of Interests

Authors have no conflict of interests.

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